

# Adult Mental Health Habilitation (AMHH)

Division of Mental Health & Addiction  
Adult 1915(i) State Evaluation Team  
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# AMHH Training Outline

- **AMHH Overview and 1915(i) Renewal**
- **AMHH Updates for 2018**
- **AMHH Algorithm**
- **AMHH Requirements Review**
- **AMHH Applications**
- **AMHH Services Review**
- **AMHH QA – clinical notes/document requirements**
- **Process for identifying potential AMHH members**



# History of AMHH

- AMHH was created **in response to a CMS** discussion of stopping reimbursement for consumers not making progress in a Rehabilitative program
- **Indiana identified not having an option for habilitative services** for individual with mental health and addiction disorders as a gap in the continuum of behavioral health services which led to the development of AMHH
- CMS's intentions regarding rehabilitation vs. habilitation are unclear at this time



# Renewal of AMHH 1915(i) March 2018

- The AMHH 1915(i) program is up for renewal with CMS in 2018.
- DMHA is concerned that we will not be able to justify renewing the 1915(i) for AMHH due to low number of members enrolled.
- Enrollment trends will be monitored between July 1 and December 31, 2017. A decision will be made January 2018, regarding whether this program will be renewed.
- This presentation will outline DMHA efforts to support and encourage appropriate enrollment and utilization of AMHH.



# AMHH Algorithm

- AMHH providers gave feedback that members met clinical criteria for the program but were not meeting the needs based algorithm
- Case examples provided by providers, were used to assess the needs based algorithm
- Based on this review, and in consultation with the ANSA developer we have discussed possible changes
- We have heard your feedback and wanted to let you know we continue to work on these changes



# AMHH QA Procedure Changes SFY2018

- The SET will do a one time policy request at the beginning of the 2018 State Fiscal Year (the request will come at the same time as the BPHC policy request vs. at the time of the AMHH QA site visit)
- The request includes the following agency's policies to be submitted annually:
  1. Conflict of Interest Policy
  2. Referral policy if unable to provide an AMHH service
  3. Complaints and Grievances Policy which include the IDR and Consumer Service Line phone numbers
  4. Medication Error Policy
  5. Restraints Policy
  6. Incidents of reporting abuse policy
- Besides this procedure change, there will be no other changes to the AMHH QA Reports in SFY2018



# AMHH Overview



# Habilitation Versus Rehabilitation

- The distinction of whether a service is rehabilitative versus habilitative is often more rooted in an individual's level of functioning and needs than in the actual service provided
- Rehabilitative Services focus on “restoring function” where as habilitative services, are defined as: *designed to assist participants in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings (405 IAC 5-21.6-2 Definitions)*
- Many of the AMHH service definitions are similar to MRO but the treatment approach along with the recipients goals and objectives have a habilitative focus



# MRO Versus AMHH

## DMHA's Distinction between the IICP treatment goals:

- **MRO has an expectation that the individual will steadily improve their level of functioning over time (Rehabilitative Goals) for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level**
- **AMHH expectation is the individual's goals address reinforcement, management, adaptation, and/or retention of a level of functioning (Habilitative Goals) activities that are designed to assist individuals in acquiring, retaining, and improving the skills necessary to reside successfully in community settings**



# AMHH Potential Members

- Adults that have reached maximum benefit from rehabilitative treatment
- Individuals whom can clinically benefit from and who want a habilitation approach and services to help them maintain the gains made in rehabilitation and/or acquiring, retaining, and improving the skills necessary to reside successfully in community settings
- Individuals who are at risk of institutionalization without long-term supports and /or intense home and community based services

\* the State Evaluation Team (SET) will make the final clinical determination on all AMHH applications



# AMHH Target Criteria

- Medicaid enrolled in an approved Indiana Health Coverage Program (IHCP) aide category
- Age 35 or older
- Level of need of 4 or higher based on ANSA submitted within the last 60 days
- Resides in a setting that meets federal home and community-based services (HCBS) setting requirements (i.e., in the community in a non-institutional setting)
- AMHH eligible primary mental health diagnosis (ICD-10 format)



# AMHH Needs-Based Criteria

## ANSA Algorithm

- The algorithm results are calculated from a combination of items in the most recent ANSA.
- The SET is working with the ANSA developers to make changes to the AMHH Algorithm



# AMHH Application Requirements

- Face-to-face interview/evaluation for the AMHH application
- Attestation signed with 60 days of submission by member or guardian including attesting to receiving the Member Information Pamphlet (MIP) and Client Rights and Responsibilities
- Residential Setting Screening Tool (RSST) with CURRENT living address signed and dated by member or guardian
- Develop the proposed IICP with the member and discuss which services will best meet their individual needs
- Goals and objectives use wording such as maintain, retain, continue, acquire, and improve with a focus on person centered treatment planning
- AMHH IICP goals and objectives will link to one or more of the nine requested AMHH services on the application



# AMHH Crisis Plan

A crisis plan must be present in the member's chart for the SET to review at the QA site visit

1. The crisis plan must be developed with the member prior to the start date of AMHH eligibility period
2. The crisis plan must be updated at a minimum with every application/renewal
3. The SET recommends it be reviewed at every IICP review



# AMHH Renewal Applications

- An AMHH eligibility period is up to 360 days and must be renewed in order to continue participation in the AMHH program
- A renewal application is developed in the same way as an initial AMHH application but requires the member's crisis plan and IICP to be updated
- After a discussion between the member and the clinical staff, all AMHH services deemed necessary must be requested on the renewal application
- The renewal must include a narrative statement discussing progress or lack of progress toward habilitative goals of the member during the existing AMHH service period



# AMHH Renewal Applications *(Continued)*

- Renewal applications are required to be submitted in DARMHA at least 30 calendar days (but no more than 60 calendar days) before the AMHH eligibility end date
- Must continue to meet target and needs based criteria
- All attestations must be signed to capture all providers and members' participation in the application prior to the application submission date. **Attestations must be signed within 60 calendar days prior to the application submission date.**



# AMHH Start Date Determination

- If the member has a current MRO package and the end date is within 60 days, the AMHH start date is set for the date after the MRO package ends
- If the member has a current MRO package and the end date is more than 60 days from the date of AMHH approval, the AMHH start date is set 15 calendar days from the day of AMHH approval
- Approved renewal applications will start the day following the current AMHH eligibility period
- **MRO and AMHH programs are mutually exclusive.** After an AMHH approval you will receive an AMHH eligibility determination and care plan approval letter. The letter will contain a start date for AMHH. The start date given is notification to stop billing MRO and to begin using AMHH billing codes on that date. It is the agency's responsibility to confirm that clinical staff and the billing department are aware of the start date and billing change for each member as they transition from one program to another



# AMHH End Date Determination

- The default end date for AMHH eligibility is 360 days from the identified start date
- The SET may assign an end date for AMHH eligibility sooner than 360 days, if necessary, to align with the member's current BPHC eligibility period



# AMHH Services

- Home and Community-Based Habilitation Support
- Care Coordination
- Medication Training and Support
- Therapy and Behavior Support Services
- Addiction Counseling
- Peer Support Services
- Adult Day Services
- Respite Care
- Supported Community Engagement Services



# Home and Community-Based Habilitation and Support

## Service Highlights:

- Individualized face-to-face services directed at the health, safety and welfare of the recipient
- Assisting in the management, adaptation and/or retention of skills necessary to support recipients to live successfully in the most integrated setting appropriate to the recipient's needs
- Assist recipient to gain an understanding of/and self management of behavioral and medical health conditions.
- Services are provided in the recipient's home (living environment) or other community based settings outside of a clinic/office environment

\* Review the AMHH Provider Module for all service details



# Care Coordination

## Service Highlights:

- Services that help recipients gain access to needed medical, social, educational, and other services.
- This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services.
- Care coordination does not include direct delivery of medical, clinical, or other direct services.
- Care coordination is on behalf of the recipient, not to the recipient.
- Care coordination includes:
  - assessment of the eligible recipient to determine service needs
  - development of an individualized integrated care plan (IICP)
  - referral and related activities to help the recipient obtain needed services
  - monitoring and follow-up
  - evaluation

\*Review the AMHH Provider Module for all service details



# Medication Training and Support

Medication training and support services involve face-to-face contact with the recipient, family member, or other non-professional caregivers for the purpose of:

- Monitoring medication compliance
- Providing education and training about medications
- Monitoring medication side effects
- Providing other nursing or medical assessments
- Medication Training and Support also includes certain non face-to-face activities example updating the MAR

\*Review the AMHH Provider Module for all service details



# Therapy and Behavior Support Services

- Therapy and Behavioral Support Services – Individual Setting
- Therapy and Behavioral Support Services – Family/Couple with Recipient Present (Individual Setting)
- Therapy and Behavioral Support Services – Family/Couple without Recipient Present (Individual Setting)
- Therapy and Behavioral Support Services – Group Setting
- Therapy and Behavioral Support Services – Family/Couple with Recipient Present (Group Setting)
- Therapy and Behavioral Support Services – Family/Couple without Recipient Present (Group Setting)

\*Review the AMHH Provider Module for all service details



# Addiction Counseling

## Service Highlights:

- Face-to-face sessions that work toward the goal(s) identified in the IICP
- The provider must ensure that a substance-use diagnosis is reflected in the applicant's DARMHA record
- The AMHH IICP must include the specific diagnosis, goals, and objectives that would be met in regards to the Addiction Counseling
- Services may be provided to members in individual or group settings
- Services may be provided to family members or other nonprofessional caregivers in individual or group settings, with or without the members present
- Services must be provided in an HCBS compliant setting

\*Review the AMHH Provider Module for all service details



# Peer Support Services

- Peer support must be identified in the AMHH IICP
- Must be provided face-to-face, on an individual basis, by a Certified Recovery Specialist (CRS)
- Allowable activities include: assisting applicants with developing self care plans and formal mentoring activities aimed at increasing the active participation in service plan development and delivery; supporting applicants in problem-solving related to reintegration into the community; and promoting the recovery process

\*Review the AMHH Provider Module for all service details



# Adult Day Services

- Community-based group programs
- The service requires face-to-face contact with the member, and the member must be the focus of the service delivered
- Curriculum-based and designed to alleviate emotional or behavioral problems
- These comprehensive, non-residential programs provide health, wellness, social, and therapeutic activities in a structured, supportive environment. The services provide supervision, support services, and personal care as required by the IICP.

\*Review the AMHH Provider Module for all service details



# Respite Care

Key elements for approving respite care include:

1. Establishing that the applicant lives with a nonprofessional (unpaid) caregiver who provides for a significant amount of the daily care and supervision required by the applicant
2. Assessment shows that the applicant is likely to deteriorate without supervision in the primary caregiver's absence
3. Specify preferred and alternate location that respite care will be provided.
4. Respite care may be provided in an agency facility such as a group home or adult foster care. It can also be provided in the recipient's home or place of residence and in an unpaid caregiver's home.

\*Review the AMHH Provider Module for all service details



# Supported Community Engagement Services

Face-to-face, individually provided service aimed at:

1. Establishing a meaningful purpose in the community
2. Engaging the member in meaningful community involvement in activities such as volunteerism or community services
3. Developing skills and opportunities that lead to improved integration of the member into the community through increased community engagement
4. These include teaching concepts to encourage attendance, task completion, problem solving and safety
5. Specific employment or job-related skills training is **not** permitted

\*Review the AMHH Provider Module for all service details



# Staff Qualifications

- Agencies must ensure that the staff delivering the service meets the distinct staff qualification for the specific service being delivered
- Service requirements are different across each of the nine services. Please review the AMHH Provider Module to view the staff requirements for each services



# Service Documentation Requirements

General documentation of delivered AMHH services must include:

1. Type/title of service being provided
2. Name and qualifications of the staff member providing the service
3. Location or setting where the service was provided
4. Describe focus on member and of the session or service being delivered to or on behalf of the member
5. Symptoms or issues addressed during the session
6. Member's IICP goal(s) being addressed during the session
7. Progress made toward the habilitation goals
8. Date of service rendered (including month, day, and year)

**\*Services have their own unique documentation requirements in addition to the general requirements. Review the AMHH Provider Module for this information.**



# Location of Service Delivery

1. The progress note needs to clearly indicate the location where the service was delivered
2. All settings in which AMHH services are delivered must meet CMS HCBS Final Rules requirements



# Documenting Service Type

- At the QA Review the SET needs to be able to clearly identify what **type of service** is being provided in each note
- The type of service delivered must be found on the note or in the documentation



# Moving Forward with the AMHH

- AMHH Provider expectations:
  1. Keep AMHH provider policies up to date
  2. Have trained staff on AMHH
  3. Identify and Assess members for AMHH



# Potential AMHH Members

- Other non-CMHC providers may identify and refer members to the program
- Individuals may approach your agency as a self-referral
- Family members or caregivers may approach your agency on behalf of an individual
- Consumer Pamphlet available on the AMHH website at:  
<http://www.in.gov/fssa/dmha/2876.htm>



# Document Clinical Discussion

- Document discussions of the AMHH program in the member's clinical chart (important to document choices given and the member's decision)
- Providers need to have a plan for on-going member identification



# How to determine who may be an AMHH Candidate :

- **Step 1:** Use data to determine who meets AMHH core and needs based eligibility requirements:  
Through your EMR create a list of all consumers that meet the initial target criteria:
  - a. Enrolled in a Medicaid eligible aide category
  - b. age 35 or older
  - c. level of need of 4 or higher based on ANSA submitted in the last 60 days
  - d. resides in HCBS compliant setting
  - e. has an AMHH eligible diagnosis
- **Step 2:** Share the list with clinical staff and/or case managers who interact directly with the members on the list.



# How to determine who may be an AMHH Candidate con't :

- **Step 3:** Ask staff to review the member's goals/objectives and progress, to assess if the member is "stuck" (no changes in goals/objectives nor progress over an extended period of time) and clinically recommend if changing the approach to habilitation may benefit the member. If yes, move to step 4
- **Step 4:** For those who meet target criteria and may benefit from a habilitation approach, open an AMHH application in DARMHA to see if they meet AMHH Needs Based Criteria
- **Step 5:** Facilitate a clinical discussion with the member. Provide education about AMHH services, Share similarities and differences from what they are use to; give them examples of how their goals and objectives may change; continue to focus on recovery and resiliency



# How to determine who may be an AMHH Candidate con't:

Remember: This process is intended to assist your agency in identifying potential candidates for AMHH. Creating a list of candidates is one step to help you focus your efforts

There are two more important components of the process:

1. The clinical assessment of the member's progress and ability to benefit from Rehabilitation vs. Habilitation
2. How you approach change with the member, to support them in making an informed choice



# AMHH Provider Feedback

the member “has been enrolled in AMHH for past 2 years and has remained on injection, in same apartment and has been more amenable to attempts by staff to improve engagement. He remains symptomatic, but through increased contact he has maintained needed supports and living environment is somewhat improved. He refused contact with family for several years but is now open to contact through staff”



# AMHH Provider Feedback

the member “received the following services: Individual HCB Habilitation and Support, Care Coordination, and Medication Training and Support. These services assisted the client with maintaining his current functioning while simultaneously enabling the client to focus on sustaining his current status without deterioration”



# State offered Technical Assistance

- DMHA offers TA for any AMHH provider wishing to discuss their center's AMHH program and address any questions you may have
- To request a Technical Assistance, Please send an email to the AMHH inbox to set up a TA: [amhhservices@fssa.in.gov](mailto:amhhservices@fssa.in.gov)



QUESTIONS?

